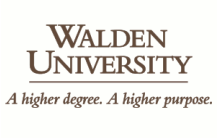

2016

Development of a Church-Based Educational Program to Increase Prostate Cancer Screening for Black Men 40 and Older

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Abstract

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Prostate cancer is the most common cancer among men in the United States and is one of the leading causes of cancer death among men of all races. However, African-American men are at particularly high risk. These men are diagnosed more often with prostate cancer, are diagnosed later, and are more than twice as likely to die from prostate cancer than are Caucasian men. A strategy to address this inequity was to develop a community based program that would reach this at risk population. The goal of the project was to develop an evidence-based, theory-supported education and referral program to promote prostate cancer prevention screening among African-American men utilizing New York community church settings. The resultant scholarly project aims to motivate the target population towards prostate cancer prevention screening as appropriate through the development of an evidence-based, theory-supported, community-focused education and referral program using self-efficacy theory. This project provides a program, grounded in self-efficacy, that will educate African-American men about prostate cancer, empower them with knowledge regarding risk, motivate them to seek preventative screenings, and obtain care if needed. An evaluation strategy was developed incorporating a post-test questionnaire to measure participant knowledge and self-efficacy along with a process for measuring referrals to local screening and treatment programs. The program will bring about positive social change through empowerment of a population of men suffering from disparate access to care resulting in increased morbidity and mortality. Dissemination of the project will include presentations to the community church leaders and Caribbean healthcare professionals, as well as publication in Parish nursing journals.

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Dedication

This project is dedicated to my Stepfather, David Danvers, and my Uncle, Samuel Gordon, who passed away in 2013 from Prostate Cancer. They were both special to me. They were not aware of the diagnosis until it was too late. I am aiming to promote prostate cancer screening in order to motivate African American men from all cultures to be screened in time to prevent any complication from untreated prostate cancer disease. I never got a chance to help them, so I dedicate this project to their memory.

Acknowledgements

I would like to take this opportunity to express my gratitude and thanks to the DNP committee members, Dr. Beene, Dr. Marisa Wilson, Dr. Moon, and Dr. Robson. I appreciate their mentorship and guidance, which have allowed me to stay on the path to successfully complete this project.

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I must acknowledge the Most High God, the Creator of Heaven and Earth for motivating me each day. He deserves the praise and glory. I give honor to my spiritual Mentors-Arch Bishop elect Bernard Jordan, Pastor Debra Jordan, and the Zoe ministries family for spiritual guidance during my educational journey.

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Section 1: Overview of the Evidence-Based Project

Introduction

The Centers for Disease Control and Prevention (CDC, 2013) state that prostate cancer is the most common cancer among men in the United States and is one of the leading causes of cancer death among men of all races. In 2007, an estimated 218,890 men were diagnosed with prostate cancer, and 27,050 deaths were attributed to the disease. In 2010, 196,038 men were diagnosed with prostate cancer and 28,560 died from prostate cancer. According to the American Cancer Society, this rate is higher than any other cancer except for skin cancer. According to the National Institute of Health (NIH, 2014), African American men had the highest incidence of prostate cancer as well as the highest death rate. According to the National Cancer Institute (NCI, 2014), African American men have the highest rates of prostate cancer, in comparison to; whites, Hispanics, American Indian/Alaskan Natives, and Asian/Pacific Islander men. This means that 1 out of 5 African American men will be diagnosed with prostate cancer and 1 out of 22 will die from the disease (NCI, 2014).

According to the CDC (2013) more than 242,000 American men will be diagnosed with prostate cancer and of the 28,000 who will this year, a disproportionate number of African-American men will be represented in each group. African-American men are nearly 1.6 times more likely to be diagnosed with prostate cancer than White men are and 2.4 times more likely to die from the disease. According to the CDC, the risk of being diagnosed with prostate cancer increases with age, meaning 6.41% of men, who are 60 years old, will be diagnosed with prostate cancer sometime over the next 10 years.

Simply put, 6–7 out of every 100 men who are 60 years old today will be diagnosed with prostate cancer by age 70. The research findings validate African American men over 40 years of age have the highest rate of prostate cancer. The National Cancer Institute (NCI, 2014) states that 2007-2009 research findings show that 1 in 5 African American men was diagnosed with prostate cancer disease and 1 in 22 died from the disease (NCI, 2014).

McCurry, Revell, and Roy (2009) stated that nursing has a social mandate to contribute to the good of society through knowledge-based practice. Knowledge is built upon theories, and theories together with the philosophical bases and disciplinary goals, are the guiding frameworks for practice (McCurry et al., 2009). Given the alarming findings and the social mandate of nursing, in this Doctor of Nursing Practice (DNP) project, I addressed the lack of testing, lack of treatment, and late treatment.

Background

The research findings validate that African American men comprise a large population of the parishioners in the churches located in these three cities that will be targeted (Drake, Shelton, Gilligan & Allen, 2011). According to the National Cancer Institute (NCI, 2014), African American men have the highest rates of prostate cancer, in comparison to; whites, Hispanics, American Indian/Alaskan Natives, and Asian/Pacific Islander men. This means that 1 out of 5 African American men will be diagnosed with prostate cancer and 1 out of 22 will die from the disease (NCI, 2014). In addition, African American men with a first-degree relative with prostate cancer is two to three times more likely to be diagnosed with cancer (CDC, 2013). According to the CDC (2013), certain

genes, the functional and physical units of heredity passed from parent to offspring, may affect an individual's prostate cancer risk.

In 2007, an estimated 218,890 men were diagnosed with prostate cancer, and 27,050 deaths were attributed to prostate cancer in the United States. The CDC (2013) statistical findings depicts that in 2010, 196,038 men in the United States were diagnosed with prostate cancer and 28,560 died from prostate cancer. More than 70% of all prostate cancers are diagnosed in men age 65 and older, with 60% more prevalent in African American men (CDC, 2013).

The CDC (2013) identified the following symptoms of prostate cancer: (a) difficulty starting urination, (b) weak or interrupted flow of urine, (c) frequent urination, especially at night, (d) difficulty emptying the bladder, (e) pain or burning during urination, (f) blood in the urine or semen, (g) pain in the back, hips or pelvis which does not go away, and (h) painful ejaculation. African American men have the highest incidence of late stage diagnosis for three reasons: (a) ignored disease symptoms, (b) low socio-economic status, and (c) lack of health insurance (CDC, 2013).

Drake et al. (2011) documented the effectiveness of an educational prostate cancer screening intervention for African American men carried out in a church-based setting. This church-based intervention was used to promote informed decision-making about early interventions after prostate cancer screening among African American men. The authors implemented a one-time, small-group education session, which was successful in motivating African American men to obtain prostate specific-antigen (PSA) testing. The Agency for Healthcare Research (AHRQ, 2014) reported that prostate cancer

incidence reporting has increased, while mortality rates have declined following the introduction of the PSA blood test. In the United States, early detection and prompt treatment of prostate cancer is correlated with this test (AHRQ, 2014)

Problem Statement

The risk of developing advanced prostate cancer in African American men, 40 years of age and older, is increasing due to the lack of education and screening. According to the CDC (2013), prostate cancer is the most common cancer among men, and is one of the leading causes of cancer deaths among men of all races. In 2007, an estimated 218,890 men were diagnosed with prostate cancer, and 27,050 deaths were attributed to prostate cancer in the United States. The CDC (2013) statistical findings depicts that in 2010, 196,038 men in the United States were diagnosed with prostate cancer and 28,560 died from prostate cancer. More than 70% of all prostate cancers are diagnosed in men age 65 and older, with 60% more prevalent in African American men (CDC, 2013).

According to the Harvard School of Public Health (2013), the three key risk factors for prostate disease have been identified: age, family history, race, and lack of information. The findings identified that, older males are at greater risk of being diagnosed with prostate cancer. Family history is also a key risk factor in the disease progression. Meaning, that certain genes may affect prostate cancer risk. The third identified risk factor-race, proves that prostate cancer is more common in some racial and ethnic groups than in others. Low socio-economic status (inability to pay for medical expenses) was identified as a risk factor for delays in screening. Lack of information

about the dangers of the disease was also a risk factor. According to the Harvard School of Public Health (HSPH, 2013), African American men have the highest prostate cancer incidence in the world due to risk factors, such as genetics. The epidemiological findings demonstrate a positive family history influences disease causation. If a man has a father or brother with the disease, his risk for prostate disease is twice that of a man with no family history (HSPH, 2013).

According to Drake et al., (2011), in order for African American men to meaningfully participate in decisions about screening, they must understand the benefits of screening and have a basic understanding of prostate cancer risk factors. The educator must include information on the advantages and disadvantages of screening to ensure each individual makes an informed decision. Drake et al. documented the effectiveness of a church-based educational intervention that promoted prostate cancer prevention screening in African American men. This church-based project will focus on Black men over 40, in three New York cities. The cities will be referred to as City 1, City 2, and City 3 in this paper. City 1 has nearly 70,000 residents, of which almost 60% are Black and 46.5% are male (New York Census, 2010).

For this project, community church settings in three cities in New York were targeted as at-risk communities. African Americans make up almost 60% of these cities' total population. According to the 2000 census, City 2 has a population of 53.53% Hispanic, and 36.47% African American. The overall population is 46.5% male (New York Census, 2010). The third targeted city (City 3) has a population of 104,677 Hispanic males, and 62,701 Black males (Suburbanstats.org, 2016). Drake et al, cites that

a large percentage of African American men are parishioners in these churches (Drake et al., 2011). Religion, religious gatherings, and religious leadership hold significant value for the African American population (Drake et al., 2011). This suggested that a prostate cancer prevention-screening program for African American men could be delivered in a church-based setting. The churches designated for this educational project, will be of the Christian religion.

The American Association of College of Nursing (AACN, 2006) stated that the role of the advanced practice nurse (APN) is guided by the importance of health promotion, evidence-based recommendations, the determinants of health, health promotion and risk reduction, environmental health, and cultural diversity and sensitivity. This prostate cancer prevention information program would align with the role and practice of the APN.

Purpose Statement

The purpose of this project was to develop an evidence-based educational program to promote prostate cancer prevention screening among African American men in a community church setting. It will be carried out at a later date" This intervention aims to increase access to, and use of, prostate cancer testing at the Neighborhood Community Health Center. According to Drake et al. (2011), African American men comprise a large percentage of parishioners in community churches. This developmental program will be structured to be presented to church leaders in the three-targeted cities of New York, where data shows that African American males over 40 years attend. These teaching sessions can be done in any community church setting. The developmental

educational program will provide information about prostate cancer and the available screening resources. Early prostate cancer screening is linked to early treatment and better outcomes (Drake et al., 2011). The educational program will be developed now and implementation will take place in the future.

This developmental program will align with the role and goals of the DNP prepared nurse. The AACN current concepts of public health, health promotion, evidence-based recommendations, determinants of health, environmental health, and cultural diversity and sensitivity guide the practice of the Advanced Practice Nurse (AACN, 2006). The emerging knowledge regarding disease prevention and intervention equips the Advanced Practice Nurse with knowledge of clinical prevention and population health. Clinical prevention is an important aspect of health promotion, risk reduction, and illness prevention for individuals and families (AACN, 2006). The developmental prostate cancer prevention information program will help fill the meaningful gap in the literature related to health promotion and disease prevention with African American males over 40 years of age.

Project Questions, Goals, and Objectives

The question guiding this DNP project was as follows: Does the literature support the development of an evidence based, theory-supported, community-focused educational program that addresses a culturally sensitive, prostate cancer screening educational effort to help achieve specific objectives. The objectives of this project were to develop an educational program to be delivered in a church screening program in order to ultimately increase

1. Knowledge about prostate cancer and the resources for screening African American males over 40 years of age in the community.
2. Access to, and use of, prostate cancer testing at the Neighborhood Community Health Centers to increase the number of men who access health care to prevent prostate cancer and the number of men who receive treatment when they are diagnosed.

To ensure that the project question is answered, a PICOT statement (population, intervention, comparison, outcome, time) was developed to help formulate questions that may be answered by evidence-based practice (Elkins, 2010). In PICOT terms, the problem in this study looks like this:

- P: African American men over 40 years of age
- I: Development of a prostate cancer prevention educational program to educate and motivate African American men to access prostate cancer prevention screening
- C: The prostate cancer prevention educational program in a community church setting compared to other settings.
- O- The proposed desired outcome is an increase in knowledge and a change in behavior.
- T-The proposed time intervals for this educational program was 6–12 months.

Theoretical Foundation

Theories clarify and define nursing practice through provision of goals for assessment and intervention, while at the same time providing direction that will lead to improvement care. According to McEwen and Wills (2011), a theoretical framework provides contextual understanding and guides intervention. An integration of the philosophical perspective and model into nursing practice will strengthen the philosophy, disciplinary goal, and theory and practice links and expand practice knowledge. The integration of theory into nursing practice provides a guide to achieve nursing's disciplinary goals of promoting health and preventing illness. The theory appropriate to this prostate cancer prevention program was the self-efficacy model.

The theory of self-efficacy lies at the center of Bandura's social cognitive theory. According to the American Psychological Association (APA, 2006), self-efficacy is an individual's belief in the ability to succeed in specific situations. Self-efficacy plays a major role in how the individual approaches goals, tasks and challenges. Bandura's theory emphasizes the role of observational learning and social experience in the development of personality (APA, 2006). Self-efficacy affects health behaviors and greatly influences choices affecting health, such as (a) smoking, (b) physical exercise, (c) dieting, (d) condom use, (e) dental hygiene, (f) seat belt use, and (g) breast self-examination. The APA (2006) states that the social cognitive theory of self-efficacy also determines whether health behavior changes will be initiated and continued, and can influence the level at which individuals set their health goals. According to the literature, self-efficacy can bring about positive behavioral change (APA, 2006).

The main concept in social cognitive theory is an individual's actions and reactions are influenced by the actions the individual had observed in others. Self-efficacy is influenced by external experiences and self-perception, and can affect a person's perception of their ability to perform well. People with high self-efficacy will find it easier to complete a task than those with low self-efficacy (APA, 2006). When nursing goals are directed at the synthesis of the good of the individual and society, nursing's social and moral mandate will be achieved (McCurry et al., 2009). The DNP-prepared nurse uses this model to create an external cue for participants, which will motivate and bring about a change once the program is implemented. The developmental educational session is the external cue, which will create a response in the participants.

The American Urologist Association (AUA, 2014) gives guidelines for preventative screening measures which includes Prostate-Specific Antigen (PSA) testing and a Digital Rectal Exam (DRE), citing that early detection can help to reduce prostate cancer mortality (AUA, 2014). Although the AUA does not recommend routine screening for all men, they do leave the decision to get screen up to the individual and that is after they have had information about prostate cancer screening benefits versus harms, when it comes to African American men under 55 and those who are considered high risk. In comparison to the AUA guidelines, other expert panels formulated a more positive guideline for prostate cancer screening. The recommended guidelines are listed below:

- The American Cancer Society recommends that asymptomatic men who have at least a 10-year life expectancy have an opportunity to make an informed decision with their health care provider.
- American College of Physicians recommends that physicians describe potential benefits and known harms of prostate cancer screening and then individualize the decision to screen.
- The American College of Radiology recommends annual DRE and PSA screening, beginning at age 50, and annual PSA screening beginning at age 40 for African American men and men with a positive family history of prostate cancer.
- The American Medical Association recommends providing information regarding the risks and potential benefits of prostate screening (AHRQ, 2014).

Based on the other expert guidelines, the plan will focus on implementing a community based educational program that will motivate African American men over the age of 40 to seek prostate cancer screening. When implemented, this developmental educational program will educate participants about the disease and provide referrals for screening at the Neighborhood Health Center (NHC). The NHC has three clinics that are located near the three targeted cities in New York. This area was targeted based on its population of African Americans, which make up almost 60% of the cities total population, according to the 2000 census. These cities' populations consist of 53.53% Hispanic, 36.47% African American, and 27.9% White. The total population consists of 46.5% male (New York Census, 2010).

Significance of the Project

The AACN (2006) encourages nurses to be active leaders in redesigning health care in their environment and community. The Advanced Practice Nurse is encouraged to be a change agent in issues and policy decisions related to health care, thereby bridging the gap in health issues and patient outcomes. Prostate cancer is common in some racial and ethnic groups, but a significantly higher rate exists in the African American population. African American men have the highest rate of prostate cancer, and the highest incidence of late stage diagnosis. This evidence-based, culturally sensitive, church-based community education project will fill this gap and address this need.

The CDC (2013) cites it is understandable men and their health care providers may continue to screen for prostate cancer. The decision to support informed decision-making as it relates to prostate cancer prevention screening is dependent on the patient's choice. According to the Agency for Healthcare Research and Quality (AHRQ, 2014), informed decision-making occurs when a man understands: (a) the nature and risk of prostate cancer, (b) the risks, benefits and alternatives to screening, and (c) they can participate in the decision to be screened or not at a level they desire (AHRQ, 2014).

The American Cancer Society (ACS, 2014) recommends asymptomatic men, who have at least a 10-year life expectancy, have an opportunity to make an informed decision with their health care provider about screening for prostate cancer after they receive information about the uncertainties, risks, and potential benefits associated with prostate cancer screening (ACS, 2014). Hence, this developmental evidence based, culturally

sensitive, church-based community education project aims to help these men make the informed decision upon implementation.

The AHRQ (2014) cites that, the American College of Physicians recommends physicians should describe potential benefits and known harms of prostate cancer screening, and then individualize the decision to screen. Based on this finding, this developmental informative teaching will correlate with the recommendation to educate toward informed consent. The American College of Radiology recommends an annual Digital Rectal Exam (DRE) and Prostate Specific Antigen (PSA) screening, beginning at age 50 and annual PSA screening beginning at age 40 for African American men and men with a positive family history of prostate cancer. The American Medical Association recommends providing information regarding the risks and potential benefits of prostate screening, while the AUA recommends annual DRE and PSA screening, beginning at age 50, to men who have at least a 10-year life expectancy and to younger men who are identified as high risk (AHRQ, 2014).

The evidence cites two tests, which are commonly used to screen for prostate cancer, DRE and PSA. The DRE occurs when a qualified health care provider inserts a gloved, lubricated finger into the rectum to estimate the size of the prostate and feel for lumps or other abnormalities. Prostate specific antigen is a substance produced by the prostate gland and measured in the blood. With PSA being produced by a gland, many factors can affect the rate of production, leading to high levels when no prostate disease is present. However, the higher the PSA, the higher the instance of prostate cancer, with men diagnosed with prostate cancer exhibiting higher PSA levels.

The AUA (2014) commissioned an independent group to conduct a systematic review and meta-analysis of the published literature on prostate cancer detection and screening. An expert panel developed the protocol for the systematic review. When sufficient evidence existed, the body of evidence for a particular intervention was assigned a strength rating of A (high), B (moderate) or C (low). These publications were used to establish the guidelines and standards in many Western countries where PSA screening is widely used. Groups from the United States and Europe recommend men be screened starting at ages ranging from 40 to 55 (AUA, 2014).

Implications for Social Change in Practice

The APN is a change agent in the healthcare environment. The DNP-prepared nurse will use learned knowledge to appraise every day health practice and provide the intervention that will improve health care practice and patient outcomes. According to the AACN (2006), the DNP-prepared nurse applies learned knowledge to solve the practice problem. The DNP-prepared nurse will utilize, integrate, and disseminate the new knowledge to promote health and wellness in the individual, family, and the community (AACN, 2006). McCurry, Revell, and Roy (2009) state nursing has a social mandate to contribute to the good of society through knowledge-based practice. Knowledge is built upon theories, and theories together with their philosophical bases and disciplinary goals, are the guiding frameworks for practice (McCurry et al., 2009).

African American men have the highest rate of prostate cancer. According to the CDC (2013) the risk of being diagnosed with prostate cancer increases with age, meaning 6.41% of men, who are 60-year-old, will be diagnosed with prostate cancer sometime

over the next 10 years. Simply put, 6 to 7 out of every 100 men, who are 60 years old today, will be diagnosed with prostate cancer by the age of 70 (CDC, 2013). This finding has social implications and hence the importance of reaching out to African American men over 40 years of age with this Church-based educational program and motivating them towards an early screening.

Definition of Terms

The following terms are used throughout this project.

Benign prostatic hyperplasia (BPH). BPH is defined as benign enlargement of the prostate, and involves hyperplasia of prostatic stromal and epithelial cells, resulting in the formation of large, discrete nodules in the transition zone of the prostate. The nodules impinge on the urethra and increase resistance to the flow of urine from the bladder (CDC, 2013).

Community outreach. Community outreach is an activity providing services to populations who, otherwise, would not have access to those services. A key component of outreach is the groups providing services at the locations where the need is great (Hodges & Videto, 2011).

Digital rectal exam (DRE). DRE refers to an examination done per rectum, and allows for palpation of the prostate gland to assess for any enlargement or other abnormalities of the gland (CDC, 2013).

Prostate cancer. Prostate cancer refers to cancer, which forms in tissues of the prostate. Levels of PSA rises in prostate cancer. A biopsy of the prostate tissue is used to confirm the presence of prostate cancer (CDC, 2013).

Prostate gland. The prostate gland is a compound tubuloalveolar exocrine gland of the male reproductive system (CDC, 2014). A healthy male prostate is slightly larger than a walnut, surrounding the urethra, just below the urinary bladder and can be felt on rectal exam (CDC, 2013)

Prostate specific antigen (PSA). Prostate specific antigen is a protein produced by the prostate gland and measured in the blood. Increased levels above four ng/ml, signifies that there is an abnormality in the prostate gland (CDC, 2013).

Screening. Screening, in health care, is a strategy used in a population to identify an unrecognized disease in individuals without signs and symptoms. This can include individuals with pre-symptomatic or unrecognized symptomatic disease. Screening interventions are designed to identify disease in a community early, thus enabling earlier intervention and management in the hope to reduce mortality and suffering from a disease (Hodges & Videto, 2011)

Assumptions and Limitations

Assumptions are statements taken for granted or considered true, even though they have not been scientifically tested (Grove, Burns, & Gray, 2013). The current project includes the following assumptions:

1. Screening will lead to follow up care and access to health promotion services.
2. There are adequate community services to take care of those who are screened positive, educating the population at risk on the importance of accessing care, and to participate in preventative screening.

Limitations are theoretical and methodological restrictions or weaknesses in a study, which may decrease the generalizability of the findings (Grove, et al., 2013). The limitations in this project are:

1. This educational informative session is limited to this specific population and is not applicable to others.
2. The screening is set up in specific environments and is unique to the specific sample population.

Significance and Relevance to Practice

The Doctor of Nursing Practice (DNP) prepared nurse is a change agent who uses evidence based practice (EBP) processes and knowledge to collaborate with other professionals in order to improve patient and population health outcomes. The American Association of Colleges of Nursing (AACN) current concepts of public health, health promotion, evidence-based recommendations, determinants of health, environmental health, and cultural diversity and sensitivity guide the practice of the DNP prepared nurse (AACN, 2006). In addition, emerging knowledge regarding disease prevention and intervention frame the DNP graduate's knowledge of clinical prevention and population health. Clinical prevention is an important aspect of health promotion, risk reduction, and illness prevention for individuals and families (AACN, 2006). The proposed prostate cancer prevention information program aligns with the role and goals of the DNP prepared nurse.

According to a report by the CDC in 2010, 196,038 men in the United States were diagnosed with prostate cancer, with 28,560 succumbing to the disease. The literature

shows African American men had the highest rate of being diagnosed with prostate cancer, followed by white, Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander (CDC, 2013). Men over the age of 65 and men of African descent have the highest rates of prostate cancer in the United States. The primary goal of screening is to target the men needing intervention in order to prevent prostate cancer death and disability while minimizing intervention-related complications. Death from prostate cancer has shown a 10% decrease from the 2007 data (Healthy People 2020, 2014). This decrease is credited to effective screenings and earlier diagnosis and detection. These findings validate the importance of proposed outreaching and motivating this population to access screening.

Summary

In Section 1 I presented a brief overview of the impact of prostate cancer in African American men, age 40 and over, and the importance of education, outreach and screening. This population is more susceptible to having prostate cancer due to risk factors such as race, low socioeconomic status, age, and family history. The main objectives were: (a) to increase access to and use of prostate cancer screening, (b) to increase the number of men who access health care to prevent prostate cancer, and (c) to offer care to men who have symptoms of prostate disease.

Section 2 of this proposal will outline the general and specific literature that supports the development of this educational project and the use of Bandura's self-efficacy theory.

Section 2: Review of Scholarly Evidence

Introduction

Men over the age of 65 and men of African descent have the highest rates of prostate cancer in the United States due to genetic components and disparity in health seeking behavior. Moreover, men older than 45, who are identified as an increased risk, include African American men and men with a family history of a first-degree relative with prostate cancer (CDC, 2013). African American men have the highest incidence of being diagnosed in the late stage of disease advancement. Reasons for late stage diagnosis are: (a) disease symptoms are ignored, (b) low socio-economic status, and (c) lack of health insurance (CDC, 2013). Hence, it is of utmost importance to ensure that these men are educated and aware of screening in order to avoid morbidity and mortality from this disease.

The purpose of this project was to develop and propose an educational program based on a review of EBP findings on prostate cancer prevention screening. The program sought to increase knowledge and to promote prostate cancer prevention screening and early detection in African American men over the age of 40 years. The program was developed and structured to be implemented in a community church setting. The review of the literature justifies the need for the prostate cancer preventative screening educational program.

The purpose of this section was to summarize and synthesize the scholarly literature on educational programs about prostate cancer, prostate cancer prevention, and

prostate cancer prevention screening, along with information on the conceptual model that will guide the program development.

Literature Search Strategy

The literature search used the following databases: CINAHL, Cochrane, Medline, and ProQuest. Information from five professional organizations were also important: AUA, CDC, ACS, National Cancer Institute, and Healthy People 2020. Selected articles were limited to the previous 10 years. The following search terms were used *prostate cancer, culture, race, screening, parish nurse, social, spiritual, and education*, and *health education, culture.*

Prostate Cancer

Prostate Cancer Screening Guidelines

In 2009, the ACS Prostate Cancer Advisory Committee began the process of a complete update of recommendations for early prostate cancer detection. A systematic review was conducted, which focused on evidence related to the early detection of prostate cancer, test performance, harms of therapy for localized prostate cancer, and shared/informed decision-making in prostate cancer screening. The ACS Prostate Cancer Advisory Committee, evaluated the results of the systemic review, and deliberations about the evidence occurred at committee meetings and during conference calls (Wolf et al., 2010).

On the basis of the evidence and a consensus process, the Prostate Cancer Advisory Committee (2009), developed the guideline, and a writing committee drafted a guideline document, which was circulated to the entire committee for review and

revision. The ACS recommends asymptomatic men, who have at least a 10-year life expectancy, have an opportunity to make an informed decision with their health care provider about screening for prostate cancer after they have received information about the uncertainties, risks, and potential benefits associated with prostate cancer screening. Men at average risk should receive this information beginning at age 50. Men who are higher risk should receive this information before age 50. Men should receive this information directly from their health care providers or be referred to reliable and culturally appropriate sources (Wolf et al., 2010). Prostate cancer screening should not occur without an informed decision-making process and this educational program will fulfill this goal.

Early detection and screening both imply detection of disease at an early, pre-symptomatic stage when there is no reason to seek medical care—an intervention referred to as secondary prevention. The AUA advocates for the preventative screening measures, which recommends PSA testing, and a DRE, citing early detection will reduce prostate cancer mortality (AUA, 2014). In 2009, the American Cancer Society (ACS) Prostate Cancer Advisory Committee began the process of a complete update of recommendations for early prostate cancer detection. A series of systematic reviews were conducted focusing on evidence related to the early detection of prostate cancer, test performance, harms of therapy for localized prostate cancer, and shared/informed decision-making in prostate cancer screening. Based on the findings obtained from the systemic review, the ACS recommends asymptomatic men, who have at least a 10-year life expectancy, have an opportunity to make an informed decision, with their health care provider, about

screening for prostate cancer after they receive information about the uncertainties, risks, and potential benefits associated with prostate cancer screening (ACS, 2014).

Prostate Cancer Facts

The NCI, 2014) cites, excluding skin cancers, prostate cancer as the most common cancer diagnosed in North American men. It was estimated in 2014 that approximately 233,000 new cases and 29,480 prostate cancer related deaths would occur in the United States. Prostate cancer is now the second leading cause of cancer death in men, exceeded only by lung cancer, which accounts for 56.2 % of death in men. Prostate cancer accounts for 27% of all male cancers and 10% of all male cancer related deaths. Age adjusted incidence rates increased steadily over the past several decades, with particularly dramatic increases associated with the inception of widespread use of PSA screening in the late 1980s and early 1990s, followed by a more recent fall in incidence. It has been suggested declines in mortality rates in certain jurisdictions reflect the benefit of PSA screening (NCI, 2014). This finding highlights the relevance of this project.

In 2014, NCI cited regional differences that exist in prostate cancer incidence and mortality. Decrease in prostate cancer incidence and mortality was related to the widespread use of PSA testing for early detection and screening. Variable incidence rates may reflect variability in the intensity of early detection practices across the United States. Considerable variation in mortality rates between African American and white men are present in the United States. Screening tests are able to detect prostate cancer at an early stage. Observational evidence shows a trend toward lower mortality for prostate

cancer in some countries. The observed trends are due to screening, and other factors such as improved treatment (NCI, 2014).

The influence of Culture on health education in African American Men

According to Anderson; Scrimshaw; Fullilone; Fielding; Normand (2003) & Task Force on Community Preventive Services (2003), culture and language plays a great part in competent health care system. Cultural and linguistic competency reflects the ability of health care system to respond to the language, culture and psychosocial needs of clients such as African American men. This allows health care professionals to work effectively in a cross-cultural situation, such as effectively communicating with African American men on the importance of accessing prostate cancer prevention screening (Anderson et al., 2003).

Racial/ethnic minority groups, such as African American men have a high rate of disease, disability, death and tend to receive low quality health care than other groups. This is due to access related and socioeconomic factors. Anderson et al. (2003) stated that health disparity can be alleviated by creating and maintaining culturally competent health care system that alleviate communication barriers, ensure appropriate diagnosis, treatment, and follow up. Once culturally competent services are provided, there is better chance of healthy outcomes, with increase efficiency of clinical and support staff and client satisfaction). They recommended several strategies for effective communication:

- Maintain a culturally diverse staff.
- Provide interpreters who speaks the client's language.
- Training the staff on the culture and language of the clients, they care for.

- Have instructional literatures in the client's language, consistent with their cultural norms, and at their educational level.

Strategic Methods used to communicate with African American Men

An investigation by Scott (2009) reported that African American men experience a great number of health disparities, in comparison to other racial and ethnic groups. The factors that propagate health inequalities among African American men are multidimensional and include lack of access to equitable health care, lack of information and limited education about health promoting behaviors. Factors such as: lack of trust and tolerability, the impact of masculinity on health, and psychological factors plays a great role in how African American men accept or rejects educational teachings on accessing preventative services such as prostate cancer prevention screening (Scott, 2009).

This study explored the health promotion needs of African American men and the ability of the natural helper model to address those needs. The Natural Helper Model (NHM) is intended to enhance the ability of individuals to help others through their own personal social networks. The natural helper model builds on the community structure and community social network. The model utilizes key persons within the community's social network for others to turn to for support. The study also highlighted the fact that that holistic nurse finds the culturally tailored health promotion intervention to be a very effective tool to reach African American men (Scott, 2009).

African Americans demonstrate a relatively high degree of religiosity. Church has always played an instrumental role in the fabric of the community. Church is a healing place, for the soul, spirit, and body and offers parishioners a place to worship and to serve

God by meeting the needs of those that are going through various challenges in their lives. So the church can be utilized as a social network to optimize health promotion and prevention messages. Holt et al. (2014) compared two approaches to delivering a church-based peer community health advisor intervention consisting of a series of four men's health workshops on informed decision-making for prostate cancer screening. This spiritually based educational intervention was used to raise prostate cancer screening informed decision making among African American men 40-69 years of age. It was implemented in several County churches
(Holt et al., 2014).

In this study, each church selected two individuals to serve as Community health advisors (CHAs). These CHAs lead a 4-part men's prostate health education series of group workshops. The CHAs helped to raise awareness, empower, motivate, and simulate others to make informed health decisions using spiritually based themes and scriptures. The goals of the workshops were to help the parishioners get the facts on prostate cancer, learn those facts, and act on those facts. According to Holt et al. (2014), the study compared two approaches to delivering a church-based peer community health advisor intervention consisting of a series of four men's health workshops on informed decision-making for prostate cancer screening. The men-only group was educated by a male community health advisor, and had only men in attendance. The health partner group used male-female pairs of community health advisors, and had a mixed-gender format, which consisted of significant woman in the participant's lives. These women included: wife/partner, sister, daughter, and friends (Holt et al; 2014).

Eighteen African-American churches were randomized to receive one of the two approaches, and 283 eligible men enrolled in the intervention. The findings showed that the workshops had an impact on stage of decision-making, in the health partner group only. The intervention was highly rated by men in both groups, and these ratings increased over time, with some study group differences. There were some differences, with most favoring the health partner group; however, men in the men-only groups reported greater increases in their ratings of trust in the workshops. The health partner intervention strategy appears to be promising for reaching men of color with health information (Holt et al., 2014).

Role of the Parish Nurse

Regardless of faith or religious affiliation, any registered nurse (RN) who is a member of a congregation is invited to be a parish nurse. As parish nurses, a RN acts as a vital link between the faith and medical communities. There are many dimensions to parish nurses. They play a variety of roles including educator, counselor, and advocate in their own faith family. Parish nurses are a source for preventative and restorative care, ministering holistically to individuals and families. The parish nurse does not play the role of a direct medical care provider (Dunkle, 1996).

According to Parish Nurses (2016), a parish nurse has at least two years of nursing experience, is licensed by the state, and carries liability insurance. They do not do invasive procedures but they do give advice and suggest interventions. They must have knowledge of holistic health, philosophy and the congregation's health ministry statement, which outlines the parameters in which the parish nurse can provide care to

parishioners. They must also be familiar with community resources, shelters, support groups, and hot lines (Parish Nurses, 2016).

Community parish nurses expand their background in the holistic and spiritual aspects of the job through seminars or courses at local colleges, universities, and seminaries. Some institute offers an 8-day program worth 5.4 continuing education units on parish nursing, while others offer a dual nursing/divinity master's degree program. Some hospitals also offer parish nurse programs. While some institutions and churches publicly advertise for parish nurse positions, the majority are created by individuals who approach a congregation or health care facility with a proposal outlining the need for such a program and how it can be implemented (Parish Nurse, 2016).

Parish Nurse (2016) states that, parish nurses obtain work through an ad, or through a proposal process. In addition, they will need to do special training with the spiritual leaders of the church or synagogue where they will be working. If the parish nurse is filling an existing position, the nurse who is leaving will orientate the new nurse to the job. However, if it is a new position, the parish nurse will need to work with the pastor or rabbi to establish the program. The parish nurse will then meet on a weekly or monthly basis with the leader of the congregation to keep him abreast of activities and concerns. Parish Nurse (2016) explains that whether the parish nurse is employed by a congregation, hospital, or both, those with ties to a hospital, must also report regularly to their nursing supervisor (Parish Nurse, 2016).

The parish nurse has various functions. According to the Parish Nurse (2016), these functions include: Educator, referral agent, Volunteer coordinator, and

Troubleshooter. As an educator, the parish nurse's time is spent teaching patients, such as reviewing discharge instructions with a patient recently released from a hospital. The parish nurse explains the potential side effects of a medication, or describes what is involved in a particular diagnostic test. The parish nurse also does preventative teaching--one-on-one or in a class. Topics include prostate cancer prevention teaching, and teachings on how to protect against skin cancer or reduce the risks of heart disease. If enough patients ask questions about important health issues such as their blood pressure or cholesterol, a parish nurse may organize a health fair to provide education on a variety of health issues and referral to resources (Parish Nurse, 2016*).*

Parish Nurse (2016), states that the parish nurse is a referral agent. The parish nurse offers parishioners health care options they may not have known existed, for example, referrals are made for physical therapy, social worker to help find shelters, cases of domestic violence and to support groups. The support group talks about common health problems, such as, hip replacements and cataracts, and shares effective coping strategies. In other cases, the need for support is of a spiritual nature. To help parishioners deal with chronic illnesses, for example, some parish nurses coordinate "healing services" where parishioners can attain spiritual peace by praying in a group (Parish Nurse, 2016*).*

The parish nurse frequently organizes volunteers to provide parishioners with things like transportation, meals, baby-sitting services, and respite care. Some volunteers even help fellow parishioners fill out Medicare and insurance forms. To promote volunteers out into the community, the nurse selects willing and qualified community members and trains them. She also acts as their clinical resource when questions arise.

The volunteers help the elderly with their housework and cooking and to pick up their medications from the pharmacy (Parish Nurse, 2016).

The parish nurse acts as a troubleshooter, and helps patients who are financially challenged, to obtain things like crutches and wheelchairs. Many parish nurses keep such supplies in their offices. Sometimes, the parish nurse takes on the role of patient advocate and helps patients to access valuable resources, such as appointments and tests. Whatever the role the parish nurse is filling at the moment, the parish nurse is careful to document the care the parish nurse provides and the referrals the parish nurse makes, just as a nurse in a traditional setting would do (Parish Nurse, 2016).

Promotion of Prostate Cancer Screening

The literature search led to knowledge of agencies who are great motivators of promoting changes in the way patients are influenced toward self-efficacy as it relates to prostate cancer screening. Some of these agencies include: (a) The Prostate Conditions Education Council (PCEC), (b) Pints for Prostates, Women Against Prostate Cancer (WAPC), and (c) The Prostate Cancer Roundtable. The PCEC is a non-profit organization committed to men's health. It is the nation's leading resource for information on prostate health. The PCEC is dedicated to saving lives through awareness and the education of men, the women in their lives, as well as the medical community, about prostate cancer prevalence, the importance of early detection, and available treatment options (PCEC, 2014).

Women Against Prostate Cancer (WAPC) is a national organization working to unite the voices and provide support for the millions of women affected by prostate

cancer, and their families. WAPC advocates prostate cancer education, public awareness, screenings, legislation, and treatment options (WAPC, 2015). The Prostate Cancer Roundtable is an independent, patient-centered, not for profit group that advocates for high quality research and effective treatment for prostate cancer (WAPC, 2015).

There are evidence-based practice (EBP) guidelines that address prostate cancer early detection for the purpose of reducing prostate cancer mortality. Early detection and screening both imply detection of disease at an early, pre-symptomatic stage when a man would have no reason to seek medical care –an intervention referred to as secondary prevention. The American Urologist Association (AUA) advocates for the preventative screening measures, which recommends PSA testing, and DRE, citing that early detection will reduce prostate cancer mortality (AUA, 2014).

In 2009, the ACS Prostate Cancer Advisory Committee began the process of a complete update of recommendations for early prostate cancer detection. A series of systematic evidence reviews was conducted focusing on evidence related to the early detection of prostate cancer, test performance, harms of therapy for localized prostate cancer, and shared and informed decision making in prostate cancer screening. The ACS recommends that asymptomatic men who have at least a 10-year life expectancy have an opportunity to make an informed decision with their health care provider about screening for prostate cancer after they receive information about the uncertainties, risks, and potential benefits associated with prostate cancer screening (Wolf et al., 2010).

According to the CDC (2014), the American College of Physicians recommends that Physicians should describe potential benefits and known harms of prostate cancer

screening, and then individualize the decision to screen. The American College of Radiology recommends annual DRE and PSA screening beginning at age 50 and annual PSA screening beginning at age 40 for African-American men and other men with a positive family history of prostate cancer. The American Medical Association recommends providing information regarding the risks and potential benefits of prostate screening (CDC, 2014).

The cost of prostate cancer is huge. According to the American Cancer Society (ACS, 2007) cancer, costs to the economy were more than $189.8 billion for the year of 2004 (National Prostate Cancer Coalition, 2005). About 41,000 American men die of prostate cancer each year at a national cost of at least $1 billion. It is estimated that 65% of this population were African American men. According to the ACS (2007), prostate cancer screenings enable men to be diagnosed at earlier stages of the disease. Ultimately, this could decrease mortality, improve opportunities for successful treatment, and lessen cost (ACS, 2007).

General Literature

According to John Hopkins Medicine (2014), African American men have the highest prostate cancer incidence in the world due to risk factors such as genetics. The epidemiological findings show a positive family history influences disease causation. If a man has a father or brother with the disease, his risk for prostate disease is twice that of a man with no family history. Scientists from the Johns Hopkins Brady Urological Institute and Kimmel Cancer Center were the first to link a gene, HPC-1, to susceptibility to prostate cancer.

According to the Harvard School of Public Health (HSPH, 2014), prostate cancer prevention screening has been shown to lead to early diagnoses and treatments of prostate cancer. One strategy is to educate African American men at risk and motivate them to access annual screening by PSA and DRE. The HSPH conducted a study on the significance of screening and early detection of prostate cancer. The study showed the rate ratio for death from prostate cancer was 0.56 (95% CI 0.39-0.82; p=0.002) in the group who was screened compared with the control group. The rate ratio of death from prostate cancer for attendees compared with the control group was 0.44 (95% CI 0.28-0.68; p = 0.002). Overall, 293 (95% CI 177-799) men needed to be invited for screening and 12 to be diagnosed to prevent a single prostate cancer death. The study showed prostate cancer mortality was reduced by almost half over 14 years as a result of screening. The benefit of prostate cancer screening compares favorably to other cancer screening programs such as pap smears, colon screening and mammogram (HSPH, 2014).

The National Institute of Health (NIH, 2014) cites a church-based intervention used to promote informed decision-making for prostate cancer screening among African American men (NIH, 2014). Drake, Shelton, Gilligan, and Allen (2011) explained that the intervention was a one-time, small group education session lasting approximately thirty minutes to one hour. A male, African American health educator conducted the sessions. He discussed essential information to help the participants clarify their own preferences and values as they relate to the pros and cons of prostate cancer screening. The educator explained the potential benefits and harms of prostate cancer screening and

basic facts about prostate cancer. The discussion on benefits and harms included the benefits of screening for the early detection and treatment of aggressive cancer, and the possibility that early detection could lead to a less aggressive form of treatment. The potential harms for screening were highlighted, which included: (a) the risk of unnecessary biopsies when no cancer is present, (b) unnecessary treatment of indolent cancers, and (c) side effects of treatment, whether necessary or not, may result in erectile dysfunction, urinary incontinence, rectal bleeding and other complications (Drake et al., 2011).

In order for African American men to meaningfully participate in decisions about screening, they must have a basic understanding of prostate cancer risk factors, and benefits of screening. Drake et al. (2011) explains the educator must include information on the limitations of available screening modalities to be sure individual values and preferences are taken into account. This study is the first to document on the effectiveness of intervention for African American men in a church-based setting that has been shown to be effective for health promotion in this population (Drake et al., 2011).

The results from the pilot testing of a prostate cancer informed decision program for African American men were very promising. Drake et al. (2011) stated the participants showed improvement in prostate cancer knowledge and improved in self-efficacy and decision making after the intervention. Moreover, men had higher levels of self-efficacy and their overall levels of decisional conflict in making an informed decision on prostate cancer screening declined. The change in decisional conflict was not statistically significant; however, the downward trend is important. The findings show

faith-based interventions may enhance self-efficacy as they help to promote education on screening, and churches are an effective setting from which to recruit participants (Drake et al., 2011).

The proposed church-based education session will consist of information on the potential benefits and harms of prostate cancer screening and basic facts about prostate cancer. The proposed education session will also discuss the benefits and harms of screening for the early detection and treatment of aggressive cancer, and the possibility early detection could lead to less aggressive forms of treatment. The potential harms for screening will be mentioned, which include: (a) the risk of unnecessary biopsies when no cancer is present, (b) unnecessary treatment of indolent cancers, (c) the side effects of treatment and (d) other complications (Drake et al., 2011).

There are barriers to prostate cancer prevention screening. Ford et al. (2006) identified some of these barriers as: (a) disease knowledge deficit, (b) fear of cancer, (c) lack of knowledge between prostate cancer screening and prostate cancer diagnostic tests, (d) lack of motivation, (e) no health information and health insurance coverage, (f) limited availability of screening clinic hours, (g) lack of access to screening services, (h) embarrassment and fear of a positive diagnosis, (I) distrust of medical professionals and the government, (j) reluctance to talk about sex-related health problems, and (k) the belief prostate cancer is related to sexual behavior. Ford et al. (2006) also identified positive aspects such as: (a) positive beliefs, (b) hope, (c) familiarities with the disease, and (d) understanding the importance of prostate cancer screening (Ford et al; 2006).

Coard and Skeete (2009) conducted a 6-year analysis of the clinic pathologic profile of African American men with prostate cancer at the University Hospital of the West Indies, Jamaica. This longitudinal study emphasized the implication of late diagnosis, with regard to the lack of government programs for prostate cancer screening. The research study completed in Jamaica, West Indies on African American men with prostate cancer revealed, not only is prostate cancer prevalent in Jamaica, it is often diagnosed when patients are older, and the disease is more advanced (Coard & Skeete, 2009).

Conceptual Models/Theoretical Frameworks

Self-Efficacy Model

The Self-Efficacy Model was identified for use in prostate cancer prevention programs. A theoretical framework provides contextual understanding, and guides intervention. McEwen and Wills (2011) state an integration of the philosophical perspective and model into nursing practice will strengthen the philosophy, disciplinary goal, theory and practice links and expand practice knowledge. The integration of theory into nursing practice provides a guide to achieve nursing's disciplinary goals of promoting health and preventing illness. When nursing goals are directed at the synthesis of the good of the individual and society, nursing's social and moral mandate will be achieved (McCurry et al., 2009). The DNP prepared nurse will use this model to create an external cue, which will motivate and bring about a change, when implemented. The proposed educational session is the external cue, which will create a response in the participants.

According to the American Psychological Association (APA, 2006), self-efficacy is an individual's belief in their ability to succeed in specific situations. Self-efficacy plays a major role in how the individual approaches their goals, tasks and challenges. The theory of self-efficacy lies at the center of Bandura's social cognitive theory. It emphasizes the role of observational learning and social experience in the development of personality (APA, 2006). The main concept in social cognitive theory is an individual's actions and reactions are influenced by the actions the individual had observed in others. Self-efficacy is influenced by external experiences and self-perception, and can affect a person's perception of their ability to perform well. People with high self-efficacy will find it easier to complete a task than those with low self-efficacy (APA, 2006).

Self-efficacy affects health behaviors greatly. It influences choices affecting health, such as: (a) smoking, (b) physical exercise, (c) dieting, (d) condom use, (e) dental hygiene, (f) seat belt use, and (g) breast self-examination. It also determines whether health behavior change will be initiated and continued, and can influence the level at which individuals set their health goals. The literature validates self-efficacy can bring about positive behavioral change (APA, 2006).

Background and Relevant Literature

According to the CDC (2013), prostate cancer is the most common cancer among men, and is one of the leading causes of cancer deaths among men of all races. In 2007, an estimated 218,890 men were diagnosed with prostate cancer, and 27,050 deaths were attributed to prostate cancer in the United States. In 2010, 196,038 men in the United States were diagnosed with prostate cancer and 28,560 died from prostate cancer. The

risk of being diagnosed with prostate cancer increases with age, meaning 6.41% of men, who are 60 years old, will be diagnosed with prostate cancer sometime over the next 10 years. Simply put, 6 to 7 out of every 100 men, who are 60 years old today, will be diagnosed with prostate cancer by age 70 (CDC, 2013). African American men have the highest rates of prostate cancer, followed by white, Hispanic, American Indian/Alaskan Native, and Asian/Pacific Islander men. African American men and men with a family history of a first-degree relative with prostate cancer are more likely to be diagnosed with cancer (CDC, 2013).

The CDC (2013), further states that certain genes, such as functional and physical units of heredity, passed from parent to offspring, may affect an individual's prostate cancer risk. Currently, no single gene is seen to raise or lower the risk of a prostate cancer diagnosis. However, a male with a first-degree relative who was diagnosed with prostate cancer is two to three times more likely to be diagnosed with the disease themselves (CDC, 2013). Research findings show African American men have the highest incidence of being diagnosed in the late stage of disease advancement. Reasons for late stage diagnosis are: (a) disease symptoms are ignored, (b) low socio-economic status, and (c) lack of health insurance (CDC, 2013).

Drake, Shelton, Gilligan and Allen (2011), documented the effectiveness of an educational prostate cancer screening intervention for African American men carried out in a church-based setting. This church-based intervention was used to promote informed decision-making regarding early interventions for prostate cancer screening among African American men. Drake et al. (2011) implemented a one-time, small group

education session, which was successful in motivating African American men to go for Prostate-Specific Antigen (PSA) testing. The Agency for Healthcare Research (AHRQ, 2014) cites prostate cancer incidence reporting has increased, while disease specific mortality rates have declined with the introduction of the PSA blood test. The PSA test has been shown to correlate with early detection and prompt treatment of prostate cancer in the United States.

Section 3: Approach

Introduction

Given that prostate cancer is the most common cancer among men and is one of the leading causes of cancer deaths among men of all races, but particularly African American men, a community-based education and referral program must be developed. The CDC (2013) stated that an estimated 218,890 men were diagnosed with prostate cancer in 2007, and 27,050 deaths were attributed to prostate cancer in the United States. In 2010, 196,038 men in the United States were diagnosed with prostate cancer and 28,560 died from prostate cancer. The risk of being diagnosed with prostate cancer increases with age, meaning 6.41% of men, who are 60 years old, will be diagnosed with prostate cancer sometime over the next 10 years. Simply put, six to seven out of every 100 men, who are 60 years old today, will be diagnosed with prostate cancer by age seventy. The research findings validated that African American men have the highest rate of prostate cancer. (CDC, 2013).

The purpose of this proposed project was to develop a church-centered, evidence based education and referral program, in order to educate African American men at risk for prostate cancer about informed decision-making and to help them get services as needed. This section is an outline of the strategies used in the project development and a description of the process in which the educational intervention would be implemented and evaluated. The goal and objectives of the proposed program are to increase

1. Knowledge regarding prostate cancer and resources for screening of African American males in the community;

2. The number of men who access health care to prevent prostate cancer;
3. Access to and utilization of prostate cancer testing at the Neighborhood Community Health Centers;
4. The number of men who receive treatment when they test positive.

The following list outlines the activities and the timeline for the developmental project:

1. Week 1-8: Develop the project team from the church and the community health center.
2. Week 8-12: Meet weekly with the team to discuss the relevant evidence and literature that support the developmental project.
3. Week 12-16: Meet with the church designated health educators and provide orientation on the format of the educational sessions.
4. Week16-Week 20: Monitor the start of the educational sessions and will be a resource person for the church designated health educators.
5. Week 20-Week 24: Conduct evaluation of the program to assess if the goals and objectives will be met in each individual church.

Shelton, Gilligan and Allen (2011) documented the effectiveness of an educational prostate cancer screening intervention for African American men, which was carried out in a church-based setting. The current developmental, church-based, intervention will be used to promote informed decision-making regarding early interventions for prostate cancer screening among African American men. Drake et al. (2011) implemented a one-

time, small-group education session, which was successful in motivating African American men to go for PSA testing (Drake et al., 2011).

In order for African American men to meaningfully participate in decisions about screening, they must have a basic understanding of prostate cancer risk factors, and benefits of screening. The developmental prostate cancer prevention screening program for African American men will be delivered through a church-based setting, as this population comprises a large percentage of parishioners in these churches. This program will be structured and presented to church leaders in three targeted cities in New York. The developmental educational program will provide information regarding prostate cancer, and screening resources available. Early prostate cancer screening is linked to early treatment and better outcomes.

Approach

A descriptive study is one in which information is collected without changing the environment, so that nothing is manipulated. This design uses a posttest questionnaire (which I developed) in the proposed teaching program. Questionnaires are helpful means of obtaining data that will assess a need, or to evaluate an intervention in a specific population (Friis & Sellers, 2014). Questionnaires are ideal for programs and interventions. The questionnaire is appropriate when there is immediate access to a specific group of participants. The higher the response rate, the more clarity is provided from the data collected. The questionnaire was developed by the DNP student. It was structured from EBP information on prostate cancer disease and treatment. The reliability

and validity was assessed during a quality improvement project that was performed by the principal investigator as a requirement for a project of change at her place of work.

The post education questionnaire will be used to assess the impact of the intervention. The questionnaire will be used to assess the impact of the intervention. Participants will complete a self-administered questionnaire immediately following participation in a group education session. Change in posttest scores will be used to evaluate the desire towards health seeking behavioral change. Evaluation outcomes will include assessment of prostate cancer knowledge, decision self-efficacy, and decisional conflict. The desired outcome will motivate the participants who were found to be at risk, to access PSA screening at the health center or at their chosen health facility once implemented. The evaluation will measure their increase in knowledge pre and post and determined their desire to be screened (Grove, Burns, & Gray; 2013).

Change in posttest scores will be used to evaluate the desire towards health seeking behavioral change. The posttest will be constructed based on the information given during the teaching session. It will consist of a series of eight questions with a yes or no response. A sample of the questionnaire is provided in Appendix A of this paper. The questions are: Do you know what a Prostate gland is; Do you know the effects of prostate enlargement; Do you know what Benign Prostate Hypertrophy (BPH) is; Do you know what Prostate Cancer is; Do you know what PSA is; If identified in time Prostate Cancer can be treated; Men ages 40 years and over should take this test each year; and do you want to be referred for the PSA test (CDC, 2013). The posttest will be used to

evaluate the effectiveness of the developmental education session, and the degree of motivation towards accessing screening.

This developmental educational teaching program will be structured and presented to church leaders in three targeted cities in New York. These teaching sessions can be done in any available community church settings in these targeted cities. Outreach letters will be sent to the church leaders in major churches in the cities. The outreach letters will invite the church leaders to a designated meeting place. Two schedule dates will be included in the invitational letter. The church leaders will be instructed to send in a response with their date of attendance. The implementation and evaluation plan will be developed with the organization mission and values in mind by the collaborative team composed of religious leaders from various churches.

The church leaders will oversee the educational program and assign a designated health educator from the church to conduct the actual educational sessions. This individual should preferable be a healthcare worker, a teacher or a social worker. The Community church leaders will assist in the educational sessions. The community church team members will participate in educational sessions by utilizing: Printed educational material pamphlets and flyers, face-to-face interaction with poster presentation, and question and answer feedback session.

Interdisciplinary Team of the Community-Based Educational Program

The collaborative team members for this project will come from the community churches in the three-targeted cities of New York. The stakeholders include the principal investigator; community health center staff; medical director; chief operating officer;

religious leaders; church members; designated church health educator; and the parish nurse representative.

Role of the principal investigator

- Identify the problem of prostate cancer that is affecting African American men over the age of 40 years old.
- Complete research of the relevant literature and current treatment approach.
- Formulate an intervention from the literature review that addressed the problem.
- Identify the goal and objectives of the identified intervention.
- Formulate a plan to implement the intervention.
- Schedule meeting with the stakeholders to discuss the intervention.
- Discuss with the team the relevant evidence and literature that support the intervention.
- Colloborate with the parish nurse by serving as resource person for the commuity churches.
- Serve as a mediator between the Community churches and the Community health center.
- Orient the designated health educator on the intervention.
- Create the teaching tool, prostate cancer screening referral form, and the post educational questionnaire form.

The community health center staff

- Reach out to those participants who agree to come in for screening.
- Provide free or reduced cost screening to the participants.
- Provide follow up care for those screened positive.
- The community health center's lab will perform all required tests.
- Check appropriate box on the participant's referral form to indicate that screening was done.

Chief operating officer

- Approve free or reduced screening cost.
- Approve follow up visits for participants.
- Approve outreach cost for participants.

Medical director

- Receive all referrals from the community churches.
- Coordinate the medical visits post the referrals.
- Coordinate free and reduce cost for all screening.

Religious leader

- Communicate with the principal investigator during the outreach sessions. Also communicate with the church board and give a verbal consent for the program to be done at the church.

- Coordinate the meeting between the principal investigator, the parish nurse, and the designated church health educator.
- Coordinate the referrals between the church designated health educator and the community health center.

Designated church health educator

- Work with the religious leader and other key church members to advertise and prepare for the implementation of the educational sessions in the community church.
- Work with the religious leader to implement the educational program in the community church. Ensure that participants are involved in the teaching program on a volunteer basis.
- The health educator will administer post education questionnaire to all participants who volunteered to participate in the program. The health educator will leave the room while the post questionnaire is completed.
- Work with the religious leader to forward referrals to the community health center. Participants will be required to sign consent for treatment only at the Community Health Center.

Community church members

- Assist the designated health educator to advertise and promote the proposed teaching sessions.

- Assist during the health education sessions.

The Role of the parish nurse

- Create spiritual themes from scripture to share with the participants during the teaching sessions.
- Serve as a mediator between the Community churches and the Community health center.
- Help the principal investigator to review prostate cancer teaching tool for appropriate content and messages.
- Provide insights to the prostate cancer educational needs of the African American church community.
- Collaborate with the principal investigator and critique educational materials for appropriateness with target audience.
- Give information on strategic ways to raise awareness that would resonate with men. Become an ongoing resource for the congregation, and remind the men to go for testing once per year.
- Be a level of spiritual connection, offer prayer before each session, offer spiritual counselling, and find resources for those who test positive.
- Assist the principal investigator to evaluate how many of the participants come in for prostate cancer prevention screening.

Review of the Evidence

It is important to use published reports and expert opinions to develop the information necessary for African American men to make informed decisions about prostate cancer screening. In crafting the educational messages associated with prostate screening promotional teaching, the church leaders are stakeholders who also must be educated on the importance of addressing the problem of prostate cancer in the African American men. Information obtained about the problem and solution of prostate cancer was identified through EBP findings obtained from review of the literature. This information will be used to guide and create the educational program for promoting prostate cancer screening in African American men in the church setting. The evidence based practice findings will be shared with the stakeholders at the initial meeting.

According to the NIH (2014), prostate cancer preventative educational teaching is like a road map. This road map will graphically depict the potential consequences of a decision to undergo, or to forego screening. The proposed educational program will be designed to represent the uncertainties of prostate cancer screening and the fact that decisions need to be made that could have negative or positive consequences that were determined by information that would only become available after the decision-making. The health educator will describe how a variety of decisions could be viable, based on individual circumstances and provide tangible examples of what decisions men would be asked to make at various ‘forks’ in the road (NIH, 2014). McEwen and Willis (2011) states this approach emphasizes careful and controlled observation as the basis of knowledge. The information obtained from the review of literature will be used to assist

in the formulation of the teaching tool that is to be used to promote informed decision-making (McEwen & Willis, 2011).

Population and Sampling

This project will focus on African American men over 40 years of age in three targeted cities in New York. The first targeted city is currently home to 68,381 residents. African Americans make up almost 60% of the city's total population, according to the 2000 census. The other targeted city's population consists of 53.53% Hispanic, 36.47% African American, and 27.9% white. The overall population is 46.5% male. The median age for males in the first targeted city is 32.8 years (New York Census, 2010).

The participants will be recruited from the population living in the surrounding areas of the designated Community health center. The outreach letters will be sent to pastors and other leaders in the community churches. Invitations will be sent to potential participants to attend outreach sessions, in their churches, on mutually agreed dates. The letter will instruct church leaders to affirm participation by sending back a response letter. Teaching sessions will be held at the designated Community Health Center for any participants not able to be at one of the churches. Flyers will be posted in churches, libraries, shops, stores and restaurants in designated areas, inviting the target population to access screening at the health center. Men eligible to participate in this intervention will be age 40 and over, and have not received the diagnosis of prostate cancer.

Ethical Considerations

All appropriate ethical consideration was reviewed and completed for the educational program. All necessary paperwork was submitted and approved by the

Walden University Institutional Review Board (IRB, Approval No. 05-26-16-0474684) prior to developing an educational intervention to motivate African American men to go for prostate cancer prevention screening.

Project Strategies

This section is an outline of the strategies to be used in the project development and a description of the process in which the educational intervention will be implemented and evaluated. Strategies include the following:

1. Assemble a collaborative project team of religious leaders, designated church health educator, and community Health Center Medical Director
2. Discuss with the team the relevant evidence and literature that supports the developmental educational program.
3. Review with the team of religious leaders the existing educational intervention that will be used to motivate African American men over the age of 40 years , to access prostate cancer prevention screening.
4. Obtain validation of the effectiveness of the developmmental educational program teaching sessions, by using the post educational program questionaire.
5. The Interdiciplinary team will develop an evaluation plan to assess the effectiveness of the program in motivating African American men to go to the designated Community Health Center for prostate cancer prevention screening

Develop Implementation Plan

W. The development of the plan will transpire with the designated educational program committee leader from the group of religious leaders in three targeted cities in New York. Each community church will designate a health educator to do their educational sessions.

1. Baseline data for this QI project will be collected to determine the pre acceptance rate amongst the community church leaders and their willingness to do these sessions in their churches for the target population.

2. Due to the fact that some individuals may lack insurance, and funds to access prostate cancer prevention screening, the financial implications of the project will be considered during the project development.

3. No separate budgeting is available for the project since no new wheel will be created regarding the educational materials.

4. The proposed QI project is a cost effective project and will use available resources and activities to promote acceptance while motivating African American men towards accessing prostate cancer prevention screening.

The developmental project has all the necessary and available educational resources. There is easy access to printing the flyers, creation of educational posters, and the pamphlet will be obtained from the CDC site, and the NCS. The focus is to develop an informative teaching program, which aims to educate African American men at risk for prostate cancer, towards informed decision-making. This proposed educational

teaching program will be structured and presented to church leaders in three targeted cities of New York. These teaching sessions will be done in any available community church setting in these three cities. Outreach letters will be sent to the church leaders in major churches in these cities. The outreach letters will invite the church leaders to a designated meeting place. Two schedule dates will be included in the invitational letter. The church leaders will be instructed to send in a response with their date of attendance.

The goals and objectives of the developmental educational program will be presented to the stakeholders during the meeting. This will include a presentation of the EBP findings on impact of prostate cancer on the African American male population. At the meeting, findings will be presented on the importance of preventative screening for prostate cancer in this population. The stakeholders will be educated on the potential benefits and harms of prostate cancer screening, basic facts about prostate cancer, as well as, the understanding that the risk of harm had been proven but the potential for benefit remains putative. According to the CDC (2013), the discussion on benefits and harms included the benefits of screening for the early detection and treatment of aggressive cancer, and the possibility that early detection could lead to a less aggressive form of treatment. Some of the potential harms for screening include the risk of unnecessary biopsies when no cancer is present, unnecessary treatment of indolent cancers, as well as the side effects of treatment, whether necessary or not, may result in erectile dysfunction, urinary incontinence, rectal bleeding and other complications (CDC, 2013).

During the meeting, the church leaders will be instructed on how to set up and implement the proposed educational program. The designated church health educator will

be instructed on how to deliver essential information to help African American men clarify their own preferences and values as they relate to the pros and cons of prostate cancer screening. These are some essential factors of the proposed educational program:

1. The designated church health educator will be instructed on how to commence the educational sessions by introducing the goals, and objectives of the educational program.
2. The designated church health educator will be instructed on how to provide basic information on prostate anatomy and physiology with basic information on prostate disease.
3. The designated church health educator will be instructed on providing: Definitions of terminologies associated with prostate disease; the benefits of prostate cancer prevention screening; the potential harms of prostate cancer screening; and recommendations made by expert panels in the health field.
4. The designated church health educator will be instructed on providing information on the two types of screening tests for prostate cancer: DRE and PSA.
5. The educator will be instructed on how to complete the referral forms and give to participants who desire to go for prevention screening at the community clinic.
6. The designated church health educator will be provided with: Health insurance information to give to the men who require insurance information;

and information on financial assistance, free or reduced cost screening to those who require it.

Develop Evaluation Plan

Program evaluation is the most important part of the program and must be a continuous ongoing process. The evaluation activities and the derived information must be significant and useful to the program planner, the clinic staff, and the targeted population studied (Hodges & Videto, 2011). The evaluation helps the collaborative team to revisit the project strategies effectively for better program outcomes. The initial plan involves meeting with the collaborative team member such as (a) the religious leaders from all the designated community churches, (b) the designated health educator; (c) the parish nurse and, (d) the medical directors of the designated community health centers. It will be an ongoing process throughout the plan program evaluation, in ensuring everyone will be well informed and that the program will lean towards meeting its goal and objectives. The collaborative team will have the option-of utilizing the post educational teaching questionnaire to validate an understanding of the information to be taught during the sessions and to evaluate its effectiveness in motivating the men towards accessing prostate cancer prevention screening.

The principal investigator's role in the evaluation process

As the developer of the educational program, the principal investigator will be fully involved in strategies to assess the effectiveness of the program in motivating participants towards accessing prostate cancer preventative screening. These are some of the strategies:

- The principal investigator will keep a list of the referrals made after each session.
- The principal investigator will collaborate with the parish nurse and the community clinic in checking on the participants for compliancy in obtaining prostate cancer prevention screening in the community clinic.
- The project referral form will have a section that will be checked by the community clinic staff after the participants complete their screening.
- The participants will return a copy of this referral form to the parish nurse at the community church.
- The parish nurse will give each participant a special gift bag when they return the completed referral to the community church.
- The gift bags will be made from funds donated to the parish nurse association by business in the community who may be motivated to prevent prostate cancer.
- The gift bag will be specialized for men. It will contain items such as deodorant, shave cream, and nail care kits.

There are four stages of evaluation: formative, process, impact, and outcome evaluation (Friis & Sellers, 2014). Formative evaluation is a type of evaluation adopted early in the program as soon as the program is conceived. It helps to ensure all forms of activities, materials, procedures, plans, and modifications during the implementation of

the program will work. Process evaluation involves describing, monitoring, and documenting the organization and program-related issues in order for the program planner to improve effectively, the proposed program and provide support for the program. It will also ensure theories and model applied in accordance to the goal and objectives of the proposed program.

Process evaluation allows for charting progress review in ensuring meeting the goals and objectives of the proposed developmental plan program. Resource evaluation is conducted, which includes budget review and assessment of training provided to the designated health educator in each community church. Investigating the process in place to ensure time allotted to implement and conduct the program activities were sufficient is also a necessary part of the proposed project evaluation (Hodges & Videto, 2011).

The purpose of the outcome evaluation is to measure how well the program meets its intended long-term goal. The evaluation plan will measure the impact of the program on motivating the target population towards accessing prostate cancer prevention screening.

The proposed quality improvement project will use impact evaluation. Impact evaluation determines changes in program participants instead of the organizations or the communities. According to Hodge and Videto (2011), Impact evaluation seeks to answer the program plan design questions. The purpose of impact evaluation is to determine if the program has an impact and provide positive outcomes or program results. The plan impact evaluation also aims to establish a cause and effect relationship between a program and its outcome. The plan impact evaluation will be used to examine the

improvement in behavior, environment, predisposing, reinforcement, and enabling factors based on goals and objective of the developmental program (Hodges & Videto, 2011).

Overview or final evaluation of the project development will help to provide the information on what worked and what did not work during the proposed project implementation. The education program will be evaluated on its effectiveness in impacting the African American men's decision making capacity. A survey tool will be developed and evaluated by health educators for validity and reliability. The survey will be completed after each session. The anonymous and confidential survey will be provided to each participant by the health educator. After survey completion, the participant will place the survey in an envelope and seal it. All envelopes will be collected then the data abstracted for analysis. The results will be shared with religious leaders in other community churches to motivate them towards implementing the program in their churches. This activity will evaluate the effectiveness of the proposed educational program, and the degree of motivation towards screening. Post-session questions will have included:

1. Do you know what the prostate gland is?
2. Do you know the effects of prostate enlargement?
3. Do you know what BPH is?
4. Do you know what prostate cancer is?
5. Do you know what a PSA test is?
6. If caught in time, can prostate cancer be treated?
7. Should men over the age of 40 take these tests each year?

8. Do you want to be referred for the PSA test?

The implementation of the proposed educational intervention project into the community churches may have a significant impact in the three communities in New York. The developmental program intends to motivate the African American male population towards improving or changing their beliefs in regards to prostate cancer screening. The successful implementation and integration of the project into the community churches may improve the acceptance of prostate cancer screening in the population at risk, thereby reducing the number and incidences of prostate cancer. Prostate cancer affects African American males anywhere irrespective of their geographical location. The program, if successfully integrated into the community churches, will potentially impact other areas locally within the state, and also nationally.

Summary

The informative teaching program aims to educate African American men at risk for prostate cancer, towards informed decision-making. This section looks at the plan to create an interdisciplinary team of religious leaders, church designated health educators, and the community health center staff. The team will be educated on strategies to implement and evaluate the educational teaching program in community churches in the three-targeted cities of New York. Overall, Section 3 of the paper focused on how the program will be developed, how the program will be implemented and evaluated post the educational sessions.

Section 4: Findings, Discussion, and Implications

Introduction

The objective of this project was to develop an educational program to be delivered in a church screening program in order to increase knowledge about prostate cancer and resources for screening African American males over 40 years of age in the community. Access to and utilization of prostate cancer testing at the Neighborhood Community Health Centers to increase the number of men who access health care to prevent prostate cancer and the number of men who receive treatment when they test positive.

This DNP project question is: Does literature support the development of an evidence based, theory supported, community focused education program that will address the project goal of a culturally sensitive, prostate cancer screening educational effort to that will help to achieve specific objectives. The purpose of this section was to look at the developmental project's effectiveness in meeting the objectives, its potential impact on policy, clinical practice, research, social change, its strengths, limitations, and recommendations on how to make it more effective.

The National Institute of Health (NIH, 2014) cites a church-based intervention that was used to promote informed decision-making for prostate cancer screening among African-American men. In order for African American men to participate meaningfully in decisions about screening, they must have a basic understanding of both the prostate cancer risk factors and the benefits of screening. The educator will include information on the limitations of screening modalities so that their individual values and preferences could be taken into account. The study is the first to document the effectiveness of an

educational prostate screening intervention for African American men in a church-based setting. This intervention has been shown to be effective for health studies in this population (Drake et al; 2011).

Following the educational teaching session, the participants may: show improvement in prostate cancer knowledge; show improvement in self-efficacy and decision-making; show potential for improved self-efficacy that helps to promote education on screening. A question-and-answer session is planned to follow the teaching intervention. It can provide much feedback from participants and validate their understanding of the teaching. The results from the posttest questionnaire can also validate participants' post intervention knowledge.

Summary of Findings

According to the Harvard School of Public Health (HSPH, 2014) prostate cancer, prevention screening has been shown to lead to early diagnoses and treatment. One strategy is to educate African American men who are at risk and to motivate them to get their PSA tested and to get a digital rectal examination (DRE). The HSPH (2014) did a study on the significance of screening and early detection of prostate cancer. It showed that the ratio for death from prostate cancer was 0·56 (95% CI 0·39–0·82; p = 0·002) in the group that was screened compared with the control group.

The AHRQ (2014) pointed out that the American College of Physicians recommends that physicians should describe the potential benefits and known harms of prostate cancer screening to their patients and then allow them to make a decision to screen. In addition, the American College of Radiology recommend annual DRE and

PSA screening beginning at age 50 and annual PSA screening beginning at age 40 for African-American men and other men with a positive family history of prostate cancer. The program findings revealed that 25% of the participant may go for their annual prostate prevention screening. Even though the American Urological Association recommends annual DRE and PSA screening, beginning at age 50, to men who have at least a 10-year life expectancy and to younger men at high risk, the other 75% of the participants may not go for the screening. This finding validates the literature findings that states that African American men are usually diagnosed at a late stage of the disease (AHRQ, 2014).

The research findings depicted that the desire to obtain screening was embedded in the participant's self-efficacy mood. The proposed informative teaching session will be the external stimuli that ignites their desire to screen. According to the American Psychological Association (APA, 2006) self-efficacy influences choices affecting health, such as smoking, physical exercise, dieting, condom use, dental hygiene, seat belt use, and breast self-examination. The literature validates that self-efficacy can bring about positive behavioral change (APA, 2006). Participants from the three-targeted cities will complete their referral form after answering affirmatively to the last question on the post-test questionnaire.

Discussion of findings in the context of literature and frameworks

The following subsections address the developmental project's potential impact on policy, clinical practice, research, social change, the project's strengths, the project's limitations, and recommendations from the organization.

Policy Impact

As healthcare continues to move forward with advances in technology and research, it is critical that healthcare providers, specifically nurses, are prepared to care for clients while providing current evidence-based quality care. The aim of this project is to motivate African American Men over 40 years to access prostate cancer prevention screening. The Prostate Cancer Advisory Committee developed the guideline, and a writing committee drafted a guideline document, which formulated the policy on Prostate cancer prevention screening. The ACS (2007) recommends asymptomatic men, who have at least a 10-year life expectancy, have an opportunity to make an informed decision with their health care provider about screening for prostate cancer after they have received information about the uncertainties, risks, and potential benefits associated with prostate cancer screening. Men at average risk should receive this information beginning at age 50. Men who are higher risk should receive this information before age 50. Men should receive this information directly from their health care providers or be referred to reliable and culturally appropriate sources (Wolf et al., 2010).

The AUA confirms that it is important to have a PSA test, because it helps the provider to know the presence of cancer (AUA, 2014). Every voice and every person counts. It is important that health personnel advocate for public awareness on the importance of prostate cancer prevention screening. The key to prevention is promoting

public awareness. There are growing community and advocates that had worked towards this change, and will continue to make important steps to creating change that will impact many people.

Clinical Practice

This developmental project will be shared with the leaders in the community churches, parish nurses' organizations, Caribbean health care professionals, and specific professional journals. This project will be shared with other churches in other cities in the hope that these other organizations will implement it in the future.

Research

Prostate cancer is now the second leading cause of cancer death in men, exceeded only by lung cancer, which accounts for 56.2 % of death in men. Prostate cancer accounts for 27% of all male cancers and 10% of all male cancer related deaths. Age adjusted incidence rates increased steadily over the past several decades, with particularly dramatic increases associated with the inception of widespread use of PSA screening in the late 1980s and early 1990s, followed by a more recent fall in incidence. It has been suggested declines in mortality rates in certain jurisdictions reflect the benefit of PSA screening (NCI, 2014).

Risk Factors such as Age, Family history and race plays a major role in prostate cancer disease as well as motivation to be screened. The older a man is, the greater his risk for getting prostate cancer; certain genes that are inherited from one's parents may affect prostate cancer risk. A man with a father, brother, or son who has had prostate cancer is two to three times more likely to develop the disease himself. In effect, prostate

cancer is also more common in some racial and ethnic groups than in others. The research shows that African American men are more at risk for getting prostate cancer (CDC, 2014). Based on this EBP findings, this project aims to achieve an effective outcome for the population at risk.

Social Change

The American Association of Colleges of Nursing (AACN) current concepts of public health, health promotion, evidence-based recommendations, determinants of health, environmental health, and cultural diversity and sensitivity guide the practice of the DNP prepared nurse (AACN, 2006). In addition, emerging knowledge regarding disease prevention and intervention frame the DNP graduate's knowledge of clinical prevention and population health. Clinical prevention is an important aspect of health promotion, risk reduction, and illness prevention for individuals and families (AACN, 2006). Hence the social implication to reach this population at risk. The importance of screening is also evident as seen in the available resources and outreach programs that is used to ignite public awareness. The church is an important aspect of family value. The DNP prepared nurse, in collaboration with other health care professionals, such as the Parish Nurse, can work in the community to bridge the health disparity gap, foster trust and motivate the population towards health seeking behavior.

Project Strengths, Limitations, and Recommendations

Project Strengths

One strength of this proposed educational project is that: Screening can lead to follow up care by the community clinic; There are adequate community services to take

care of those who are screened positive; The screening process will help to identify those who were at risk and allow them the opportunity to become actively involved in their healthcare; Faith-based interventions can help to enhance self-efficacy; Faith–based interventions can help to promote education on screening; and churches can provide an effective setting from which to recruit participants. The developmental project's strengths also involve the effectiveness of collaboration and community togetherness. There is effective communication between the team and the community health center. The collaborative team works well in discussing and sharing information and ideas related to development and future implementation and evaluation of the quality improvement project. The team discussed the possibility of continuing collaboration in implementing the project in other churches of other cities of New York. The principal investigator will be a resource in the next venture as proposed.

Project Limitations

Limitations are theoretical and methodological restrictions or weaknesses in a study that may decrease the generalizability of the findings (Grove et al., 2013). The limitations are that this proposed educational informative session is limited to this specific population and may not be applicable to others. Another limitation is the fact that the screening is set up in a specific environment, and may not work in another setting.

Limitation Recommendations

The limitations are that this proposed educational informative session is limited to this specific population and may not be applicable to others. Another limitation is the fact that the screening is set up in a specific environment, and may not work in another

setting. Future projects can be tried in supermarkets, libraries, and Community Parks to facilitate a larger audience. African Americans who are not religious can be targeted in these areas.

Analysis of Self

Scholar

By obtaining the practice doctorate in nursing, this writer has been provided with a terminal academic preparation to practice at a higher level and reflect upon the complexities of practice. The DNP program has prepared this principal investigator to use analytical methods to appraise literature and evidence in order to implement best practice. I have grown in the ability to design, implement, and evaluate quality improvement methodologies to promote patient-centered care. I have learned to apply relevant findings to develop and improve practice. Lastly, an important concept that has been emphasized throughout my educational journey has been the dissemination of findings from research to improve healthcare outcomes. Through this journey, I have been able to identify a practice gap and develop a quality improvement project that will reach African American men at risk for prostate cancer, and intends to motivate them to access prostate cancer prevention screening. Future implementation of the project in other community churches and religious organizations will continue to fulfill the goals and objectives of the project.

Practitioner

This academic journey has prepared me to integrate nursing science with knowledge about ethics and biophysical, psychosocial, analytical, and organizational sciences. I am now able to use evidence based theories and concepts to determine the

significance of health care delivery as well as to describe actions and strategies to enhance the delivery of care and outcomes. I have also acquired knowledge that allowed me to develop and evaluate practice approaches based on a variety of theories derived from nursing and other disciplines that helps to promote innovative nursing practice (AACN, 2006).

The DNP prepared Nurse is a leader, a change agent, a health care advocate, and policy creator. AACN (2006) encourages nurses to be active leaders in redesigning health care in their environment and community. The Advanced Practice Nurse is encouraged to be change agents in health care related issues and policy decisions, thereby bridging the gap in health issues and patient outcomes. African American men have the highest rate of prostate cancer, and this evidence based, culturally sensitive, church-based community education project aims to bring about change in this population at risk (AACN. 2006)

Project Developer

During the process of developing this quality improvement project, I received many scholarly reviews and recommendations for improvements. I acquired a greater understanding of the procedure for planning, developing, revising, and editing a developmental project proposal as well as collaborating with health professionals. I have gained knowledge in identifying goals, creating objectives, and planning a project to improve practice for nursing. As a project developer, I found it exciting to collaborate with a partnering organization to discuss further plans for implementation and evaluation after gaining IRB approval to move forward with the developmental proposal.

Project Contribution for Future Professional Development

Developing the DNP proposal project has allowed this principal investigator to obtain increased knowledge, critical thinking, and analytic abilities to promote advancements in evidence-based practice and quality of care. In conducting research and preparing the literature review, this writer was able to develop an educational program to outreach African American male 40 years and older and motivate them towards accessing prostate cancer prevention screening. The program aims to: (a) increase access to and utilization of prostate cancer screening, (b) increase the number of men who access health care to prevent prostate cancer, and (c) to offer care to men who have symptoms of prostate disease. The project may motivate this population towards prostate cancer prevention screening, prostate cancer prevention, and enhanced their quality of life.

This DNP Project helped this writer to become creative in designing and developing this program for implementation to motivate men towards accessing a recommended preventative screening. It also assisted in developing skills at evaluating and disseminating research findings obtained from this developmental education project. The prior DNP Practicum experiences empowered this writer with strategies and skills to address the need that was identified in this population. This writer's leadership ability was highlighted and enhanced by the challenges posed from this and prior practicum projects. The practicum experience gave this writer the ability to respond to organizational and system issues in the health care environment. It afforded this writer the opportunity to assume a leadership role in the development of other health care programs and projects. Walden University visions, goals, structured DNP program,

coupled with the strategies outlined in the DNP eight essentials of nursing competency gave this writer the tools and strategies to create effective projects.

Summary and conclusions

The goals and objectives of this developmental prostate cancer prevention educational program were met. The proposed culturally sensitive, informative community outreach program of targeted education and referral to screening for African American men age 40 and older may lead to increased knowledge and increased screening. The other goal to increase early detection is part of the evaluation process that will be done by the community health center.

The Harvard School of Public Health (HSPH, 2014) research findings proved that prostate cancer prevention screening can lead to early diagnosis and treatment. The strategy is to educate African American men at risk and motivate them to access annual screening (HSPH, 2014). Findings from the informative teaching program validated the findings of these studies:

- Faith-based interventions help to enhance self-efficacy.
- Faith–based interventions help to promote education on screening.
- Churches are an effective setting from which to recruit participants

Summary and Conclusion

The EBP research findings show that there was gap in the current literature on prostate cancer screening as a preventative measure for prostate cancer disease. The literature reveals that studies done on this subject shows that the Population correlates

with the study; similar measurement tools used in some studies; Replicated on different population with similar results. Some studies had poor methodological quality and lack of appropriate theory basis. In addition, there was poor generalizability, and poor assessment of population in some studies. There is a gap in the determination of the importance of a PSA study. The question is whether it is an important indicator of cancer. The American Urological Association confirms that it is important to have a PSA test, because it helps the Provider to know the presence of cancer vs. risk (AUA, 2014). Every voice and every person counts. It is important that health personal advocate and support public awareness on the importance of prostate cancer prevention screening. The key to prevention is promoting public awareness. There are growing community and advocates that had worked towards this change, and will continue to make important steps to creating change that will impact many people.

This was a developmental project, so all dialogue and collaboration was done with the interdisciplinary team. This educational teaching program was structured and presented to church leaders in three targeted cities in New York. These teaching sessions can be done in any available community church settings in these targeted cities. The outreach letters were sent to the church leaders in major churches in the cities. The outreach letters invited the church leaders to a designated meeting place. Two schedule dates were included in the invitational letter. The church leaders were instructed to send in a response with their date of attendance. The implementation and evaluation plan was developed with the organization mission and values in mind by the collaborative team composed of religious leaders from various churches.

Section 5: Scholarly Product

Introduction

This section includes background regarding the developmental proposal for implementing an educational program to motivate African American men 40 years and over, to access prostate cancer prevention screening. The proposal and future project strengths are discussed in this section as they relate to the proposed quality improvement program. This section also contains recommendations for future project studies. In this section, I explain the dissemination plan, poster presentation, and publication aspirations for this work.

Background

Research findings show African American men have the highest incidence of being diagnosed in the late stage of disease advancement. Reasons for late stage diagnosis are: (a) disease symptoms are ignored, (b) low socio-economic status, and (c) lack of health insurance (CDC, 2013). Hence, it is of utmost importance to ensure that these men are educated and aware of screening in order to avoid morbidity and mortality from this disease.

The purpose of this project was to develop and propose an educational program created from the review of EBP findings. The program aimed to increase knowledge, promoting prostate cancer prevention screening and early detection in African American men over the age of 40 years. The educational program was developed and structured to be implemented in a community church setting. The goal and objective was to motivate African American men towards accessing prostate cancer prevention screening. The

review of the literature justified the need for the prostate cancer preventative screening educational program. Hence the importance of disseminating the findings of this program to other healthcare professionals.

Proposal and Future Project Strengths

The project allowed me the opportunity to educate and guide individuals and groups through complex health and situational transition. I was given the opportunity to conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches. The integration of the philosophical perspective and model into nursing practice will strengthen the philosophy, disciplinary goal, theory, and practice links and expand knowledge within the discipline. McCurry et al (2009) identifies that the focus on humanization will embrace a synthesis of the individual and the common good. The integration of theory into nursing practice provides a guide to achieve nursing's disciplinary goals of promoting health and preventing illness. When nursing goals are directed at the synthesis of the good of the individual and society, nursing's social and moral mandate will be achieved (McCurry et al; 2009). This is the role of the DNP prepared nurse, a change agent that implements projects that brings about effective outcomes.

Recommendations for Future Project Study

Developing the quality improvement project has allowed me to increase my knowledge, critical thinking, and analytic abilities to promote advancements in evidence-based practice and quality of care. The process of research and literature review, gave me

invaluable knowledge that I will use for future projects. After successful implementation, an abstract will be presented to other Parish nurses organization in other cities so that the work can be duplicated in other churches. Abstracts will also be given to other Religious organizations in other Caribbean countries such as Jamaica. I also plan to contact the Jamaican Nurse Practitioners' Association and the community health nurses Association in Jamaica and seek their collaboration in starting a program in Jamaica West Indies.

Dissemination

The final stage of the DNP project includes the dissemination of the research findings. Dissemination methods include oral presentations, publications, poster presentations, flyers, brochures, policy briefs, newsletters, conferences, and seminars. According to Zaccagnini & White (2011), poster presentations are valuable tools for teaching at professional meetings, and conferences. Effective poster presentations engage colleagues to converse about the content and main points of the project. An effective poster presentation is condensed, with good visual aids, displaying data that supports text, with interpretation, and conclusions (Zaccagnini & White, 2011).

A dissemination plan depends mainly upon the goals of the author and the targeted audience. If a project needs to be viewed longer and there is a need for dialogue, podium presentations, poster presentations, webinars, and media communications may be most appropriate. Journal publication may be advantageous to some authors, depending on the timeline from publication to dissemination. Poster presentations are valuable tools for teaching not only at professional meetings, but also at conferences. Effective poster presentations engage colleagues to converse about the content and main points of the

project. This avenue serves as a unique method to advertise or disseminate work to a large number of people at one event. A poster presentation should be highly condensed, with visual aids, displays of data, supporting text, interpretation, and conclusions (Zaccagnini & White, 2011). I have chosen to use the poster presentation method to dissemination the end product of the developmental proposal.

Poster Board Presentation

A poster presentation can reach a large audience in one convenient setting, so it is used frequently by authors. An oral presentation is likely to reach only those individuals in a related field, whereas individuals from different fields may stroll through a poster presentation session. It can be easier to communicate and network through small talk during poster sessions. Alongside a poster presentation, the author can use handouts, photographs, simulations and brochures to promote further conversation with colleagues. When receiving criticism regarding the scholarly work, an author can immediately respond and offer ideas to improve the approach if necessary. In addition, a poster presentation can be less stressful than conducting an oral presentation in front of a large group of colleagues (Hess et al., 2009).

My dissemination plan is highlighted below:

- Present and disseminate the DNP project in the form of a poster presentation at my place of work during the monthly medical staff meeting. Will also invite the nursing and other health care staff to the presentation. My preceptor will also be present to see the end product of her mentorship.

- Will plan to present the DNP Project at my local Sigma Theta Tau International (STTI) Honor Society of Nursing-Chapter conference in Spring 2017
- Will plan to do a poster presentation of the DNP Project at the STTI national leadership seminar in 2017

Publication Aspiration

I am a member of the American Association of Nurse Practitioner (AANP), Sigma Theta Tau International-Honor Society of Nursing (STTI), and The Caribbean American Nursing Association (CANA). Throughout the DNP process and my professional endeavors, I have found that understanding the significance of research dissemination is essential. Conducting research and reviewing the literature are important; however, without dissemination, I would not be fulfilling the purpose of the DNP program. As a member of the CANA I plan to disseminate my developmental project through a poster presentation and have the abstract of the presentation published in the Caribbean Journal of Nursing. Publishing the abstract in the Caribbean Journal of Nursing will be a great way to reach the Caribbean health care community and validate the importance of prostate cancer prevention screening in African American men in the USA, and other Caribbean countries. I will also explore publication in other journals, such as the AANP Journal for Nurse Practitioners, to disseminate my developmental proposal.

Conclusion

The developmental proposal was not only completed to fulfill requirements for the DNP program through Walden University, but also developed as an educational

program to help increase knowledge about prostate cancer disease, and to help promote prostate cancer prevention screening and early detection in African American men over the age of 40 years. The educational program was developed and structured to be implemented in a community church setting. The goal and objective is to motivate African American men towards accessing prostate cancer prevention screening. This is a developmental project and implementation is in the future. An abstract will be presented based upon research and the proposed education project to the targeted community churches and other Parish nurses organization in other cities so that the work can be implemented in other churches. Abstracts will also be given to other religious organizations in other Caribbean countries such as Jamaica.

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Appendix A: Post-Educational Session Questionnaire

Participant Number:

Gender:

Age:

Please respond by circling Yes or No

Do you know what the prostate gland is?	Yes	No
Do you know the effects of prostate enlargement?	Yes	No
Do you know what Benign Prostatic Hyperplasia (BPH) is?	Yes	No
Do you know what prostate cancer is?	Yes	No
Do you know what Prostate Specific Antigen (PSA) test is?	Yes	No
If caught in time, can prostate cancer be treated?	Yes	No
Should men over the age of 40 be tested each year?	Yes	No
Do you want to be referred for the PSA test?	Yes	No

Appendix B: Prostate Cancer Screening Referral Form

Program Educator:

Contact Number:

Program Site:

Participant Name:

Participant Address:

Participant Date of Birth:

Clinic Information:

1. Mount Vernon Neighborhood Health Center Inc.

   107 West 4th St. Mount Vernon, NY 10550

   914-699-7200 (telephone)

2. Yonkers Community Health Center

   30 S. Broadway Yonkers, NY 10701

   914-968-5496 (telephone)

3. Greenburgh Health Center

   295 Knollwood Rd. White Plains, NY 10607

   914-989-7601 (telephone)

4. Other Clinic Information:

Name of Referring Program Educator:
Signature:
Date:
Name of Church
Clinic staff: Please Circle Yes or No
Was Prostate cancer prevention screening done: Yes No

Appendix C: Course Outline for Prostate Cancer Prevention Teaching

What is the prostate?

The *prostate* is a part of the male reproductive system, which includes the penis, prostate, and testicles. The prostate is located just below the bladder and in front of the rectum. It is about the size of a walnut and surrounds the urethra (tube that empties urine from the bladder). It produces fluid that makes up part of semen. As a man ages, the prostate tends to increase in size. This can cause the urethra to narrow and decrease urine flow. This is called benign prostatic hyperplasia (BPH) and it is not the same as prostate cancer (CDC, 2014).

What is Benign Prostatic Hyperplasia (BPH)?

BPH is a benign enlargement of the prostate. The nodules impinge on the urethra and increase resistance to flow of urine from the bladder. This is commonly referred to as an obstruction. Resistance to urine flow requires the bladder to work harder during voiding, possibly leading to progressive hypertrophy, instability or weakness (atony) of the bladder muscle. Prostate specific antigen levels may be elevated in these patients because of increased organ volume and inflammation due to urinary tract infections. BPH does not lead to cancer or increase the risk of cancer.

What is prostate cancer?

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the prostate, it is called *prostate cancer*. Prostate cancer is the most common cancer in American men (CDC, 2014).

What are the risk factors?

- Age: The older a man is, the greater his risk for getting prostate cancer.
- Family History: Certain genes (the functional and physical units of heredity passed from parent to offspring) that you inherited from your parents may affect your prostate cancer risk. Currently, no single gene is sure to raise or lower your risk of getting prostate cancer. However, a man with a father, brother or son who has had prostate cancer is two to three times more likely to develop the disease himself.
- Race: Prostate cancer is more common in some racial and ethnic groups than in others, but medical experts do not know why (CDC, 2014).

What are the symptoms of prostate cancer?

Different people have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are: difficulty starting urination, weak or interrupted flow of urine, frequent urination (especially at night), difficulty emptying the bladder completely, pain or burning during urination, blood in the urine or semen, pain in the back, hips or pelvis that doesn't go away, and painful ejaculation (CDC, 2014).

What screening tests are there for prostate cancer?

Cancer screening means looking for cancer before it causes symptoms. Most prostate cancers grow slowly or not at all. Two tests are commonly used to screen for prostate cancer.

Digital Rectal Exam (DRE): A doctor or nurse inserts a gloved, lubricated finger into the rectum to estimate the size of the prostate and feel for lumps or other abnormalities.

Prostate Specific Antigen (PSA): This measures the level of PSA in the blood. PSA is a substance made by the prostate. The levels of PSA in the blood can be higher in men who have prostate cancer. The PSA level may also be elevated in other conditions that affect the prostate. The higher the PSA level in the blood, the more likely a prostate problem is present. But many factors, such as age and race, can affect PSA levels. Some prostate glands make more PSA than others, PSA levels also can be affected by: certain medical procedures, certain medications, and enlarged prostate and prostate infection. Because many factors can affect PSA levels, your primary care provider is the best person to interpret your PSA test results (CDC, 2014).

Should I get screened for prostate cancer?

- The American Cancer Society recommends that asymptomatic men who have at least a 10-year life expectancy have an opportunity to make an informed decision with their health care provider about screening for prostate cancer after they receive information about the uncertainties, risks, and potential benefits associated with prostate cancer screening. Prostate cancer screening should not occur without an informed decision making process.
- The U. S. Preventive Services Task Force recommends against PSA-based screening for men who do not have symptoms.
- The American College of Preventive Medicine states that population screening with DRE and PSA are not recommended.

- American College of Physicians recommends that physicians describe potential benefits and known harms of prostate cancer screening and then individualize the decision to screen.
- The American College of Radiology recommends annual DRE and PSA screening, beginning at age 50, and annual PSA screening beginning at age 40 for African American men and men with a positive family history of prostate cancer.
- The American Medical Association recommends providing information regarding the risks and potential benefits of prostate screening.
- The American Urological Association recommends annual DRE and PSA screening, beginning at age 50, to men who have at least a 10-year life expectancy and to younger men at higher risk (AHRQ, 2014).

Informed decision- making

Understanding that men and their doctors may continue to screen for prostate cancer, CDC continues to support informed decision-making. Informed decision-making occurs when a man:

- The discussion on benefits and harms will include the benefits of screening for the early detection and treatment of aggressive cancer, and the possibility that early detection could lead to a less aggressive form of treatment.
- Understands the nature and risk of prostate cancer. The potential harms for screening includes the risk of unnecessary biopsies when no cancer is present, unnecessary treatment of indolent cancers, as well as the side effects of treatment,

whether necessary or not, may result in erectile dysfunction, urinary incontinence, rectal bleeding and other complications (Drake et al., 2011).

- Understands the risks of, benefits of, and alternatives to screening.
- Participates in the decision to be screened or not at a level he desires.
- Makes a decision consistent with his preferences and values.

Section 5: Scholarly Product

Section 5 is shared with the greater scholarly community. Examples of suitable documents include

- Manuscript for publication
- Project summary and evaluation report
- Grant proposal
- Program evaluation report